

APPLICATION TO BECOME A **CERTIFIED INSTRUCTOR** Kansas Personal and Family Protection Act Concealed Carry Handgun Trainer Application and Qualifying Information

Non-Refundable Application Fee = \$100 (Money order or cashier's check must be attached to application)

Section I: Application				
NAME: Last	First	Middle	Social Security Number	
			[Notice: Your SSN# is requested pursuant to K.S.A. 74-139 and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation.]	
Aliases/names used within last five years			Place of birth: City, State, Country	
Contact Phone Number		E-mail Address		
Current Address	City	State	County	ZIP
Previous addresses within last five years, from _____, 20__ to _____, 20__	City	State	County	ZIP
Date of birth		Occupation		
KS DL or KS Non-Driver ID No.				

Section II: Qualifying Information: All questions to be answered "yes" or "no"			
1. Are you twenty-one (21) years of age or older?		Yes	No
2. Are you a citizen of the United States?		Yes	No
3. Do you have any physical infirmities which prevent the safe handling of a handgun?		Yes	No
4. Have you ever been convicted, placed on diversion, or adjudicated as a juvenile offender in this State or any other jurisdiction for a felony, or an act that would be a felony if committed by an adult? "Felony" means any crime in Kansas designated as a felony, or in another jurisdiction, or a crime for which a judge could have sentenced you for more than one year, even if you received a shorter sentence or probation.		Yes	No
5. Within the last five years:			
5. (A)	Have you been convicted, placed on diversion, or adjudicated as a juvenile offender, in this State or any other jurisdiction, for a misdemeanor under the Uniform Controlled Substances Act, similar laws in any other jurisdiction, or for an act that would be a misdemeanor under such Act if committed by an adult?	Yes	No
5. (B)	Have you been convicted, placed on diversion, or adjudicated as a juvenile offender in this State or any other jurisdiction for a domestic violence		

Applicant's Initials: _____

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	misdemeanor under K.S.A. chapter 21, article 34 or 35, under any municipal ordinance, or for an act that would be a domestic violence misdemeanor if committed by an adult? "Domestic violence misdemeanor" means a violation of the Kansas domestic battery law at K.S.A. 21-3412a or any other misdemeanor under federal, municipal or state law that has as an element the use or attempted use of physical force, or the threatened use of a deadly weapon committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.	Yes	No
5. (C)	Have you been convicted or placed on diversion in this State or any other jurisdiction, two or more times for violation of K.S.A. 8-1567 (D.U.I.), and amendments thereto?	Yes	No
5. (D)	Have you been convicted, placed on diversion, or adjudicated as a juvenile offender, in this State or any other jurisdiction, for a violation of New Section 12 of the Kansas Personal and Family Protection Act (carrying a concealed weapon under the influence of alcohol or drugs), or for an act that would be a violation of New Section 12 if committed by an adult?	Yes	No
5. (E)	Have you been convicted, placed on diversion, or adjudicated as a juvenile offender, in this State or any other jurisdiction, for violation K.S.A. 21-4201(a)(4) (carrying a concealed weapon without a license), or for an act that would be a violation of K.S.A. 21-4201(a)(4) if committed by an adult?	Yes	No
6. (A)	Have you ever been adjudged a disabled person under the Kansas act for obtaining a guardian or conservator, or had a guardian, conservator or both appointed for you under that act or a similar law from another State or the District of Columbia?	Yes	No
	(B) If you answered "Yes" to the previous question, have you been legally restored to capacity (by court order) for at least five years?	Yes	No
7.	Are you subject to a restraining order issued under the Protection from Abuse Act, the Protection from Stalking Act, pursuant to K.S.A. 60-1607 (dissolution of marriage), 38-1542, 38-1543, or 38-1563 (child custody or child-in-need-of-care protective orders) or any equivalent order issued in another jurisdiction ?	Yes	No
8.	Have you ever been dishonorably discharged from military service?	Yes	No
9.	Are you in contempt in a child support proceeding?	Yes	No
10.	Have you been charged with a crime which would render you, if convicted, ineligible for certification or, if so charged, final disposition of the charge has occurred and no other charges are pending which would cause you to be ineligible for certification?	Yes	No
11. (A)	Have you been ordered by a court to receive treatment for mental illness or for an alcohol or substance abuse problem?	Yes	No
	(B) If you answered "Yes" to the previous question, do you have a certificate of restoration issued by the court at least five years prior to the date of this application?	Yes	No
12. (A)	Have you been ordered by a court to receive treatment for mental illness or for an alcohol or substance abuse problem?	Yes	No
	(B) If yes, do you have a certificate of restoration that was issued within 5 years of your application.	Yes	No

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Section III. Training/Experience Qualifying Information			
1. Current service as a law enforcement officer (as defined by K.S.A. 21-3110)?	Yes	No	
2. Current certification as a firearms trainer approved by the Attorney General of Kansas to train licensed private investigators (pursuant to K.S.A. 75-7b21)?	Yes	No	
3. Current certification as a handgun instructor with a U.S. military branch?	Yes	No	
4. Current certification as a handgun instructor with another organization or weapons training school? (NRA, KLETC, military, etc.)	Yes	No	
5. If you answered "Yes" to Section III, Question 4, list the name of the organization and the type of instructor qualification held and <u>attach photocopies of certificates</u> :			
Name of Organization	/	Certification Held	
A. _____	/	_____	
B. _____	/	_____	
C. _____	/	_____	
Section IV: Permission to publish name, phone number, email information			
<p>If you wish to have your name, phone number, and/or email address published on Attorney General Phill Kline's official website as a Concealed Carry Handgun Instructor, please complete the following. <u>Only those items you authorize below will be published. Please limit listings to one phone number and one email address. It is the responsibility of each instructor to notify the Attorney General of any changes to the published information. Changes should be faxed to the Concealed Carry Unit, 785-368-6468.</u></p> <p>I authorize the Attorney General to publish the following information on the list of certified concealed carry instructors on the internet:</p> <p>My name (please print): _____</p> <p>My phone number, including area code: (_____) _____</p> <p>My email address or website: _____</p> <p>I, the undersigned, understand it is my obligation to check the website www.ksag.org for accuracy of the above and then notify the Attorney General of any changes I want to make, including removal of any or all information.</p> <p style="text-align: right;">Certified Instructor's Signature _____</p>			

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Section V: Sworn statement

WARNING: This application is executed under oath. A false statement on this application, or submission of a false document, may subject the applicant to prosecution for the crime of perjury, K.S.A. 21-3805, and amendments thereto, a severity level nine (9) non-person felony.

I hereby swear or affirm under penalty of perjury that:

1. I hereby waive confidentiality in my mental health and medical records as are necessary to determine my qualifications to become a certified instructor under the KPFPA.
2. The information contained in this application, and any documents or items submitted with it, is true, correct and complete to the best of my knowledge.
3. **I understand that a state and national criminal history records check may be conducted and that other investigation may be conducted to determine eligibility for a concealed carry handgun instructor certification as part of the application process, and that the criminal history records check may include access to expunged convictions.**

Date

Signature of applicant

Printed name of applicant

INSTRUCTIONS FOR APPLICATION:

Please complete this application fully by typing or printing in blue or black ink all requested information. You must attach the following items:

1. Application Fee: Effective July 1, 2006, applicants for certified instructor are required to pay a non-refundable fee of \$100 at the time of application.
2. A photocopy of a certificate, or an affidavit signed by the instructor, verifying that the applicant is currently certified as a law enforcement officer or a firearms instructor (law enforcement firearms instructor certification; NRA firearms trainer certification; military firearms instructor certification; Attorney General's private detectives firearms instructor certification, etc.)
3. A full frontal photograph of the applicant taken within the preceding 30 days with no sunglasses or hat, of at least 2" x 2" containing the head and shoulders. [Standard passport photo is appropriate.]

Please disclose any expunged convictions on an additional sheet of paper and attach to this application, including any pertinent case number(s) and information that identifies any applicable court. Failure to disclose expunged convictions leaves the applicant potentially subject to a perjury charge. Please explain any "yes" answers to Questions on Section II, numbers 4-12 fully on an additional sheet of paper.

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4. Applicants must initial each page of this application in the lower left-hand corner of each page.
5. If you are currently licensed in Kansas or another jurisdiction to carry a concealed weapon, attach a copy of the license or permit.
6. If you are currently certified as a Kansas law enforcement officer, attach copy of certification.
7. **Mail** the completed application, fee, photo and attachments to:

**Office of Attorney General
c/o Concealed Carry Unit
120 SW 10th Street
Topeka, KS 66612**

Faxed applications and attachments will not be accepted.